

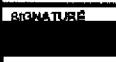
TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1 DATE/TIME INCIDENT	2 TIME	3 ADDRESS OF OCCURRENCE	4 LOCATION NAME	5 IDENTIFICATION						
	23-OCT-2011	02:40:00	CHICAGO, IL 60617	210	0433						
	6 POSITION	7 FIRST NAME	8 STATION NO	9 TAKS	10 NAME CODE 11 A/C/P						
	9161 CLAUSSSEN JR	JOSEPH	7258	X 07 M	12 IN 13 WT						
	11 DATE OF APPT	12 EMPLOYEE NO	13 UNIT & SEAT OF ASSIGNMENT	14 DUTY STATUS	15 MEMBER INJURED?						
	16-APR-2010		004 0431R	X 01 On	16 MEMBER IN UNIFORM?						
	16	17	18	19	20						
	21 LAST NAME	22 FIRST NAME	23 M/F	24 SEX	25 AGE						
			C	X 01 M 02 F	26 HT 27 WT						
	28 ADDRESS	29 TELEPHONE NO	30 WAS SUBJECT ARMED	31 SUBJECT INJURED?	32 SUBJECT ALLEGED INJURY?						
CHICAGO, IL 60617		X AND/OR BITE	X 01 Yes 02 No	X 01 Yes 02 No							
33 WHERE WAS MEDICAL TREATMENT OBTAINED?	34 BY WHOM?	35 CONDITION	36 APPARENTLY NORMAL	37 UNDER INFLUENCE							
		01 Apparently Normal	X 04 Not Injured	X 05 Refused Medical Aid							
38 CHARGES PLACED		DNA	38 CR NO.	IP NO							
			18284072	DNA							
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION	X	FLED	IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON			(LESS FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM)		
	STIFFENED (DEAD WRIGHT)		PULLED AWAY	OTHER		ATTACK WITHOUT WEAPON	X		WEAPON		
	OTHER					OTHER PUNCHED BEHIND WITH			OTHER		
	MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	ELBOW STRIKE		KNIFE STRIKE			FIREARM		
		VERBAL COMMANDS	TAKE DOWN / EMERGENCY HANDCUFFING	CLOSED HAND STRIKE/PUNCH		KICKS			OTHER		
		EGGORT HOLDS	OC CHEMICAL WEAPON	IMPACT WEAPON (D象征性 in Box 40)		IMPACT MUNITION (D象征性 in Box 40)					
		WRISTLOCK	CANINE								
		ARMBAR	TASER (Probe Discharge)								
		PRESSURE SENSITIVE AREAS	TASER (Conducted Shock)								
	CONTROL INSTRUMENT	TASER (Laser Targeted)									
	OC CHEMICAL WEAPON	TASER (Spark Displayed)									
	WALTHORIZATION	OTHER									
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION										
	POSITION	STAR NO	UNIT								
	41 WEAPON TYPE	04 SEMI-AUTO PISTOL	42 INCIDENT OCCURRED	43. LIGHTING CONDITIONS	01 Daylight	44. WEATHER CONDITIONS					
	01 REVOLVER	05 CHEMICAL WEAPON	X Indoors 02 Outdoors	02 Night	03 Dawn	04 Dusk					
	02 RIFLE	06 TASER (Probe Discharge)		X 05 Poor Artificial	06 Good Artificial						CLEAR
	03 SHOTGUN	07 OTHER	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED						
	59. WHO FIRED FIRST SHOT	03 OTHER (SPECIFY)	60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARRIERS/S SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	03 OTHER (SPECIFY)					
	01 MEMBER	02 OFFENDER	01 YES 02 NO		X 01 RT SIDE (WAIST) 02 LT SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN	03 OTHER (SPECIFY)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS							
01 STRONG SIDE DRAW	02 CROSS DRAW			X 01 YES 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED										
		01 0 - 5 FT	02 5 - 10 FT	03 10 - 15 FT	04 OVER 15 FT						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	01 PERSON	02 OBJECT	03 BOTH	04 UNKNOWN	05 POSITION OF MEMBER DISCHARGING WEAPON	01 STANDING	02 LYING DOWN	03 SITTING	04 KNEELING	05 OTHER (SPECIFY)	
69. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): 01 OEMC X DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): 01 OEMC 02 DESK SGT. & W.C./DIST. OF OCCUR. 03 OP COMMAND 04 DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	71. REPORTING MEMBER (Print Name) CLAUSSSEN JR, JOSEPH 23-OCT-2011 06:11:41	STAR/EMPLOYEE NO. 7258									
	74. REVIEWING SUPERVISOR (Print Name) MURZYN, MICHAEL J	STAR NO 1893	DATE REVIEWED TIME 23-OCT-2011 06:12:59								

WATCH COMMANDER/OCIC REVIEW

16. WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADD WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION; 2) AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 3) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

15. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE		UNA	X REFUSED	UNABLE TO INTERVIEW (Specify Reason)
16. WATCH COMMANDER/OCIC RATIONALE FOR BOX ?? FINDING Based on the information provided, the officers followed the Department guidelines concerning use of force.				
17. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION: <input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. <input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED. LOG NO./CRNO. _____ OBTAINED _____				
18. WATCH COMMANDER/OCIC (Print Name) JOHNSON, ROBERT C		SIGNATURE 	DATE COMPLETED TIME 23-OCT-2011 06:17:44	
19. DISTRIBUTION OF ORIGINAL TRR: A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.				
ATTACHMENTS - PHOTOCOPIES OF: CASE REPORT <input checked="" type="checkbox"/> SUPPLEMENTARY REPORT ARREST REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		I.O.D. REPORT OR INITIATION REPORT	20. TOTAL TRR'S THIS EVENT NO. 5	